

SOME RECENT ADVANCES AND INVESTIGATIONS IN RHINOLOGY AND OTOTOLOGY.*

By LOUIS C. DEANE, M. D., San Francisco, Cal.

THE past year has been productive of some advances, in no way startling, it is true, but no less convincing, that there are a few, who, though taken up with the busy round of routine practice, still have the time and the patience to step forward and advance into new fields. It also takes courage, for who is there among us who does not look skeptically upon new advanced theories and methods, willing to brand the author who has the courage to stand his ground, as an extremist or a crank.

To Dr. Otto Freer (1) of Chicago, who, with his twenty-four personally devised instruments, desects up membranous flaps and resects large pieces of cartilage to correct septal deviations, we must pay our respects for his mature and possibly advanced technique. We may refrain from practicing his methods, fearing our own ability to work from one to two hours upon a deflected septum; not to speak of the courage and fortitude required by the patient. Still, the question as to the best method to employ for the correction of a deflected septum is a much discussed one. I have read with care the elaboration of a number of these methods. I have tried several but have invariably fallen back upon the rough and ready Asch operation as applicable to the greatest number of cases.

One drawback to the successful outcome of many operations is that while the cartilage of the septum has, through surgical interference, been replaced towards the median line, the anchors which largely held it in its deflected position remain intact; I mean its attachment to the perpendicular plate of the ethmoid, the vomer and the superior maxillary spine. These resist the pressure exerted by the splints and assist later in drawing the septum into its old and deflected position.

It has been my habit to attempt during the Asch operation to sever the attachment between the septum and the maxillary spine by fracture with crushing forceps. Beaman Douglass (2) of New York, has recently suggested a more technical method of obtaining this result by an incision under the upper lip, to the side of the raphe, and then with chisel and hammer detaching the spine from the floor of the nose. I have only had an opportunity to practice this method once, and while some difficulties of manipulation were encountered, I was able to push the septum over without resorting to any operation upon the triangular cartilage itself.

I cannot pass without mention of the treatment of atrophic rhinitis by the use of paraffine injections into the tissue covering the turbinate bodies. Broeckaert (3) speaks most favorably of this method and states without reserve that the time is approaching when we will count ozena as one of the curable diseases. The injection of paraffine seems to act first, mechanically, by reducing the size of the nasal cavity. Later the paraffine becomes permeated by young cells with the subsequent development of connective tissue. The epithelium takes on an active part in this regeneration, and the degenerated glands, so numerous in the atrophic mucous membrane, disappear; which explains the lessening of the secretion and odor.

The local and internal administration of Mucin is highly recommended by Wyle, Low (4), Stuart (4), Ambercrombie, and others. It comes in the form of tabloids which, when mixed with lime water and

sterilized water, is applied in the nose. The tabloids may also be taken internally. Let us hope that more may be heard from this, apparently valuable, new remedy.

Hay fever is of such rare occurrence on the Pacific Coast that it is unlikely that any of us will have much opportunity to use Professor Dunbar's (5) antitoxin. It is in line with the rapid strides which are being made in serum therapy and when such authorities as Sir Felix Semon (6), Emile Mayer (7), and McBride (8) report favorably upon its action, it is to be hoped that, in the coming year, we may be able to speak of it as a reliable remedy, a relief for the distressing symptoms accompanying hay fever.

The natural trend of operations upon the sinuses is the formation of formidable openings with radical surgical procedure; this is especially so of chronic inflammations involving the maxillary sinus. The efforts at seeking and irrigating through the natural orifices, the attempts at treating through an opening in the alveola process, or one made by Krause's curved canula from the inferior meatus, have been more or less abandoned for large openings through the canine fossa and lateral walls of the inferior and middle meatuses, as recommended and practiced by Onodi (9), Rethi (10), Luc (11), Curtis (12), Picque (13), Taurbet (13), and others.

While there are some who hold that in the electric bougie we have found a valuable remedy for stricture of the eustachian tube and diseases dependent thereon, prominent among whom is Dr. Ducloux of New York, I might say that its application is not easy, requiring some skill for the proper introduction of the bougie. When added to this fact it is noted that the first few attempts may not be followed by encouraging results, I am convinced that many who have tried this form of treatment have become disheartened. It certainly has its indications and is of unquestioned value in strictures of the eustachian tube, especially when due to a soft exudate near the isthmus. From my own experience with it, during the past three years, I can but conclude that its application, in osteo-sclerotic and catarrhal diseases of the middle ear, is useless.

To bar from serious consideration the treatment of chronic non-suppurative middle ear diseases by hot air, injected into the external auditory canal, would be to overlook one more method for the application of heat to the inflamed surfaces. Aside from the marvelous effect of dionin (ethyl-morphin hydrochlorate) upon the lymphatics of the eye, heat is the best lymphagogue we have, and one cannot but appreciate the logic of such an application. The use of heat in chronic forms of inflammation is already well established, as is shown by its marvelous effect upon chronic diseases of the joints, etc. As to its application in the ear, most of those who have used it report favorable results, especially its effect upon tinnitus; all suggest, though, the necessity for a course of continuous treatments extending over a number of months, which is often impracticable, but to be expected in chronic hyperplastic conditions. I believe we are justified in looking forward to improvement in its method of application. We are at present unable to determine the temperature of the air as it comes in contact with the drum and adjacent ossicles, or to accurately gauge it. It reminds one of the application of electricity without the use of a milliamperemeter.

During the past year, J. L. Goldstein (14), and especially R. Levy (15), and W. Milligan (16), have made extensive studies in the cause, effect and treatment of tuberculosis of the middle ear. Levy reports extensive researches and enumerates his conclusions upon this interesting, and I believe much overlooked,

*Read by title before the American Rhinological, Otological and Laryngological Society, S. F., Feb. 27, 1904.

malady of the middle ear. Milligan points out that the objective symptoms are referable to the effects produced by the deposition of bacilli within the mucosa of the tympanic cavity and to the subsequent ulcerative effects which are hereby induced. Miliary tubercles are deposited in the superficial layers of the mucosa, which appear as yellowish areas in a pearly gray membrane. They readily break down, forming ulcers, which produce extensive destruction.

Koerner's efforts at entering the attic and antrum through the external auditory canal cannot help but arouse our interest. The day may be near, with our increasing knowledge of these parts and improved technic, when this operation will not be considered as ill advised to avoid under certain conditions the more radical and disfiguring procedure against the mastoid cells. Its analogy to vaginal hysterectomy and ovariectomy is interesting.

REFERENCES.

1. *Journal American Medical Association*, March 8, 1902.
2. *Journal American Medical Association*, Dec. 5, 1903.
3. *Laryngoscope*, April, 1903.
4. *Annales des Maladies de l'oreille et du Larynx*.
5. *Journal of Laryng., Rhin. & Otol.*, April, 1903.
6. *Muenchener Medizinische Wochenschrift*, 1903.
7. *British Medical Journal*, July 18, 1903.
8. *New York Medical Journal*, August, 1903.
9. *Edinburgh Medical Journal*, July, 1903.
10. *Archiv. fur Laryngologie*.
11. *Wiener Medizinische Wochenschrift*, March 21, 1903.
12. *Annals of Otol., Rhin. & Laryng.*, Sept., 1903.
13. *Laryngoscope*, Oct., 1903.
14. *Annals of Otol., Rhin. & Laryng*, March, 1903.
15. *Medical News*, March 14, 1903.
16. *Laryngoscope*, May, 1903.
17. *Annales des Maladies de l'oreille et du Larynx*, Feb., 1902.
18. *Journal Laryng., Rhin. & Otol.*, March, 1903.

FOR CONSTIPATION

Prescribe

BYTHINIA LAXATIVE WATER

A California Natural Aperient from
Santa Barbara Mineral Springs. ✱

FOR SALE BY ALL DRUGGISTS

OFFICE, 18 McAllister St., San Francisco

ANNOUNCEMENT

Mr. W. H. Farley, formerly manager of Lengfeld's Pharmacy, Sutter Street, and Mr. W. S. Quinn, formerly manager of Wakelee & Co., Sutter Street, desire to announce that the store formerly owned by Wakelee & Co., Polk and Sutter Streets, San Francisco, has been purchased by them and will continue to be conducted as an up-to-date pharmacy in every respect, under the name of Wakelee's, and earnestly solicit your patronage.

TENTH INTERNATIONAL CONGRESS OF OPHTHALMOLOGY.

The date of the next congress has been advanced a few days, in compliance with general request, and has now been fixed for the 14th, 15th, 16th and 17th of September, at Lucerne. The latest date for receiving manuscripts has been fixed at May 1st. Professor Pfluger died since the first circular was sent out, and Professor Siegrist, his successor at the University of Berne, has been appointed in his place. "Those colleagues wishing to secure accommodation at Lucerne beforehand, are advised to apply before the first of September to Dr. F. Stocker, president of the local Committee at Lucerne. He will engage for them a room at one of the best hotels (early breakfast included), at five francs a day each person."

The American Neurological Association has fixed the time of its meeting at St. Louis for September 15, 16, and 17; and this will be immediately followed by the sessions of the various medical departments of the Congress of Arts and Sciences, beginning September 19.

"Torticollis and Spinal Curvature Due to Eye-Strain," in which several interesting cases are reported, is the title of a paper by Dr. Geo. Gould in *American Medicine*.

Death From Wood Alcohol. "Mrs. Lillie Sullivan, of Baltimore, died as the result of drinking Jamaica ginger prepared with wood alcohol."—*Pharmaceutical Era*. At first blush one is tempted to condemn the dishonest manufacturer who uses wood alcohol in making his ginger. But this seems a hopeless task, so one had best condemn the poor woman who drank the concoction with such dire results.

F. L. HEIM

FINE GRADES IN CORRECT STYLES AND

Orthopedic Shapes

ALSO MANUFACTURER AND IMPORTER OF

FINE SHOES

234 Stockton Street, Near Post St.

TELEPHONE BLACK 1162

SAN FRANCISCO

THE BEST PROOF

OF THE PURITY OF

J. F. PLUMEL'S OLIVE OIL

is contained in the following analysis received from Professor Price, the eminent chemist: Specific gravity, .9161; acid value, 5.02; saponification value, 192; hehner, 95.30; iodine, 101.6; unsaponifiable, .75; free fatty acid, 1.15; maumene test, 43.50.

31 Eddy Street, San Francisco